



Dear Parent/Carer

### **Annual Consent/Indemnity Form for School Trips and Activities**

The government is attempting to reduce the burden of bureaucracy for parents, carers and schools and has proposed a new annual consent form to replace the multiple forms needed currently for school visits and off-site activities. Could you please help by filling in the details below and signing as appropriate. This information will be requested at the beginning of every academic year so that our records are kept up to date. If at any time during the school year you realise that this detail needs amending, particularly concerning medical or contact arrangements, please contact Mrs J Freise on 0828785679

#### **Please note the following important information before completing the form below:**

- The trips and activities covered by the consent form include:-
  - Off-site sporting activities outside the school day.
  - Any visit within Gauteng that is not residential.
  - Any visit within Gauteng that is not deemed to involve hazardous activities.
- The school will still send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

#### **Please complete the form below if:**

- You are happy for your child to take part in school trips and other activities that take place off the school premises but within the Gauteng and do not involve either residential or hazardous activities.
- You are happy for your child to be given first aid or urgent medical treatment during any of the above school trips or activities.
- You are happy for photographs or film of your child to be used in relation to school work or school publicity.

Whilst we are trying to reduce the volume of paperwork going out to parents involving trips, if your child is involved in a trip or activity that involves residential, hazardous activities or is going abroad then you will be asked to provide more detailed information.

Yours sincerely

Jaqueline Freise  
Principal and Owner

**Polly Shorts Academy / Akademie  
Annual Consent/Indemnity Form for  
School Trips and Activities  
2018**



**Name of child:**..... **Form:**.....

**Photographs**

I am happy for photographs/films of my son/daughter to be used in relation to school work or in school publicity / publications or occasionally by outside agencies such as the Bolton News.

I give permission for my child to be photographed in school.

Signed.....

(Parent/Carer)

Date:.....

**Medical Information**

Please provide details of any medical condition your child has, including regular medication needs, e.g. epilepsy/asthma/inhaler, diabetic/insulin/migraines etc. Please also provide the name, address and telephone number of your GP/Medical Centre.

Medical \_\_\_\_\_ conditions

\_\_\_\_\_

Allergies (including food)

\_\_\_\_\_

Does your son/daughter suffer from travel sickness? \_\_\_\_\_ if so do they

take any medication and what is it? \_\_\_\_\_

Name, address and telephone number of Medical Centre / GP \_\_\_\_\_

\_\_\_\_\_

I give full permission for members of school staff to authorise emergency medical treatment in an emergency for my child and also to administer minor first aid if needed.

Signed:.....(Parent/Carer) Date: .....

**Polly Shorts Academy / Akademie**  
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I agree that:

1. I will pay for any damage to persons or property which is caused through the misconduct or carelessness of my child.
2. I will not hold the Principal, school governors or any member of staff responsible for any loss of personal effects by my child during the trip where reasonable steps have been taken to safeguard those items.
3. I will reimburse the Principal, school governors and any member of staff in respect of any accident to, or illness of my child, or for any other reason.
4. I shall repay such expenses as quickly as possible.
5. I consent to my child travelling by any form of public transport or in a motor vehicle driven by any member of staff who accompanies the trip and is in possession of a full driving licence valid for the vehicle concerned.

In relation to the points above please note that parents/carers will not be asked to repay any sum of money where the sum has been the subject of a successful insurance claim by the Principal, any school Governor, or any member of staff.

If you have any concerns regarding your child's health which may affect a particular trip please provide a brief outline below:

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I note that I will inform the school if I have any concerns regarding any medical complaint or treatment needed which may affect my child's participation in future trips.

Telephone numbers where parents/carers may be reached in an emergency.

	Home	Work	Mobile
Mother			
Father			
Carer			
Other Family Member			

I hereby sign the Annual Consent/Indemnity Form to give permission for my child to take part in visits and agree to the conditions in this agreement.

Signed:.....(Parent/Carer) Date:.....